

An Exploration of the Main Triggers for Depression and Anxiety in Adolescents in South Korea

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Abstract: South Korea records some of the highest adolescent suicide rates among OECD nations, with depression driven primarily by three interconnected triggers: intense academic competition, school violence and social isolation, and poor parent-child relationships. Drawing on Seligman's theory of learned optimism, this paper argues that the Korean education system structurally encourages depressive attributional styles, leading students to interpret failure as personal, permanent, and pervasive. In response, the paper evaluates two evidence-based interventions — the Penn Resiliency Program (PRP) as a universal prevention tool and the Coping with Depression–Adolescent Course (CWD-A) as a targeted treatment for symptomatic students — and proposes a five-part policy framework combining these programs with educator training, parental coaching, and community-based.

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I. INTRODUCTION

Adolescence, the period between childhood and adulthood, is the stage of life where a lot of individuals experience major psychological challenges for the first time. The types of psychological challenges individuals experience often vary with their socioeconomic background. These psychological challenges can vary significantly depending on the country where they are educated during their teenage years. Different countries are forced to tackle higher or lower rates of depression and anxiety among their teenage populations. The case of South Korea is distinctive compared to the other countries, with its teenage suicide rates amongst the highest among all the nations of the OECD.¹ Each country will have slightly different triggers for depression and anxiety. However, teenagers in Korea experience psychological challenges primarily for two reasons: academic and social catalysts.² The subtypes of these triggers represent different struggles adolescents face: intense academic competition, school violence and isolation, and poor parent-child relationships.

Among these three subtypes, intense academic competition is the most prevalent reason for depression among teenagers in South Korea. The South Korean education system is hyper-focused on exam preparation due to the legacy of previous generations. The Miracle on the Han was a period of massive economic growth, driven largely by an intense push in labor and education, recognizing that society must create a highly skilled workforce to achieve financial growth. As a result, this cultural norm forced younger generations to study excessively for the sake of national growth. The strategy worked. South Korea is now an

advanced nation in various areas, in particular economically and technologically.

Nonetheless, the stress students experience during their academic journeys should not be ignored. Teenagers in South Korea experience peer pressure to attend private learning institutions, known as “hagwons.”³ Peer exposure to private tutoring increases students’ test-related stress by forcing them to take supplementary classes and do extra homework that can exceed the demands of a normal high school workload. This forced performance and effort lead to a reduction in leisure time, which is crucial for releasing stress. The combination of test-related stress and reduction of leisure time attributed to the peer pressure to take private lessons is therefore a well-documented pathway to worsening mental health.⁴

The other two subtypes—school violence and isolation and poor parent-child relationships—can be characterized under social triggers. Firstly, bullying is prominent in schools in Korea, like any other nation in the world. School violence is often associated with higher depressive symptoms, suicidal ideation, and poorer parent and peer relationships.⁵ Large school-based studies from around the world identify bullying as a major risk factor for depression.⁶ Furthermore, poor parent-child relationships also result in depressive moods and anxiety for teenagers. Given that family relationships are the most fundamental relationships in individuals’ lives, parents’ attitudes towards teens directly influence their behavior. That is, overly negative parenting styles can be a direct cause of depression in adolescence. In fact, multinational sample studies show that perceived availability of a parent and the quality of parent-child communication are associated with

greater psychological resilience in children.⁷ Conversely, low parental support and an increase in parental conflict increase the odds of depressive moods and anxiety for teenagers.⁸

This study therefore proceeds in two parts: first, examining the primary triggers of adolescent depression in South Korea, and then proposing a set of evidence-based policy interventions that schools, families, and local governments can implement to address this crisis meaningfully.

II. LEARNED OPTIMISM

Despite these psychological triggers for depression threatening teenagers' mental well-being, there are different methods individuals can implement in order to mitigate their depressive symptoms to varying degrees. The first method this study will investigate is Learned Optimism, as described by Martin Seligman. The author claims in his book that people who are optimistic are not simply this way by virtue of a personality trait; rather, it is a cognitive habit that can be learned and trained by an individual. In his earlier research paper on learned helplessness, Seligman notes that people who repeatedly experience setbacks may come to believe they have no agency over their outcomes and stop trying even when change is possible. Learned optimism is the direct opposite of learned helplessness. More precisely, this theory focuses on how people explain bad events that they have experienced and the idea that we can train our explanatory style to be hopeful and resilient.

Seligman goes on to introduce the concepts of optimistic and pessimistic attributional styles. Pessimists tend to interpret setbacks as personal, permanent, and pervasive. Optimists, on the other hand, interpret the same setbacks as external, temporary, and specific. This difference in explanation shapes emotional responses and behavior. Pessimists lose motivation, believing they cause the difficulties they experience and that this will permanently hinder their ability. Optimists, on the other hand, are more likely to have positive attributional styles.

The later chapters expound the psychological phenomenon of learned helplessness. Learned helplessness was first observed in dogs in a now-controversial series of experiments in 1967. Three groups of dogs were exposed to different conditions to assess their perceived helplessness. Group 1 was placed in harness and received no electric shocks. Group 2 was given electric shocks, but could push a lever with their nose to stop them. Group 3 was subjected to inescapable electric shocks, where the lever did nothing. After being conditioned in these environments, the 3 groups were placed in a box with 2 areas, one with an electrified floor and the other with a non-electrified floor, separated by a small barrier. Once the shocks began, groups 1 and 2 quickly figured out how to escape the shocks and jump over the lower barrier. The dogs in group 3, however, simply gave up and

lay there passively accepting their fate and the pain, and didn't try to escape. Experimenters had to physically lift these dogs and show them that escape was possible so they would realize that their fate was not sealed.

A recent study has refined this interpretation. A 2016 study by Maier and Seligman proposed that helplessness may not be something animals simply learn, but rather a default response to stress that the brain must actively work to overcome. Their findings suggest that when animals perceive control over a situation, the prefrontal cortex inhibits a passive response, allowing them to act. However, when no control is perceived, the brain does not activate the override mechanism, leading to the passive behavior observed in the original experiment. Thus, helplessness is a default state that the brain can override when control is perceived.⁹

This phenomenon would later be adapted and used to explain how people can develop the sense that they have little control over what happens in their lives, and this type of thinking leads to passivity or depression. Learned helplessness defines the core problem. Prolonged anxiety leads to depression, which, if people cannot control, repeats in a pattern throughout many areas of their lives. Learned optimism seeks to resolve this pattern of thinking. Seligman claims that persistent negative explanations can undermine motivation, emotional well-being, and mental health. Negative explanations that blame an individual's ability — rather than the environment — can damage self-esteem. When people believe personal failure instead of external circumstances causes their struggles, it often leads to a loss of confidence, which can directly contribute to depression and chronic anxiety. How we interpret adversity, therefore, produces more significant outcomes than the outcome itself. Given the same levels of adversity, optimists maintain energy and persistence by keeping a positive mindset. On the other hand, pessimists perceive adversity more severely because of their negative mindset.

This leads to a fascinating question: what causes the development of a specific explanatory style? Seligman explores how explanatory styles form in childhood. The second part of the book explains the theory in real-world domains, detailing the development of explanatory styles in relation to the parenting styles individuals received. Parenting behaviors influence whether children grow up with hopeful interpretations of learned helplessness. Early explanatory style often predicts resilience in adult life. The more individuals receive negative, blame-oriented comments from their parents about themselves, the more likely they are to develop a thinking pattern that attributes adversity to permanent personal failings. Conversely, the more individuals receive encouragement and constructive criticism focused on specific behaviors rather than character, the more likely they are to develop a healthy explanatory style, namely, one that treats setbacks as temporary, specific, and changeable rather than as reflections of who they are.¹⁰

III. DEPRESSIVE ATTRIBUTIONAL STYLES

Inspired by Seligman's early experiments that showed when people feel they have no control, they tend to stop trying, researchers such as Lyn Abramson and John Teasdale refined the idea. They asserted that not everyone exposed to failure becomes depressed; the critical factor depends on how people explain failure to themselves. This led to the hopelessness theory of depression, which argues depression emerges when people consistently interpret bad events as internal, stable, or global.¹¹

To properly address teenagers' well-being, it is essential to understand depressive attributional style, as this theory underlies many cognitive behavioral therapies that have shown overall positive results. Depressive attributional style is the tendency to explain negative events as internal, stable, and global. In this context, internal means that individuals blame themselves for everything that goes wrong in their lives, stable means that bad outcomes are unchangeable, and global means that the single issue an individual encounters would affect every aspect of his or her life. The following is a simple example. Let's imagine a student failed a test. If the student has a depressive attributional style, they might theorize that they are stupid, unable to improve, and bad at everything they try—reflecting an internal, stable, and global negative attitude.

On the other hand, individuals with healthier attributional styles explain adversities differently. Here, people with healthy attributional styles easily overcome the obstacles they encounter. A healthy attributional style involves attributing external, specific, and unstable traits. So when a student with a healthy attributional style fails a test, they will likely react as if it is just that they did not study correctly this time. Still, they are perfectly able next time; the result of this test does not influence the results of other tests, will have a limited impact, and, finally, taking a test is simply one part of their life. It will not influence totally unrelated aspects of their life.

The theory became central to cognitive-behavioral therapy and school-based resilience programs, especially for adolescents from the 1980s onward. As mentioned earlier, adolescence is a high-risk period in which people are more prone to depression because an individual's identity forms around that period, academic and social evaluation is almost constant, and peer comparison is intense. Therefore, attribution patterns are crucial for understanding teenage behavior and mental health. They need constant monitoring of their habitual thinking styles, given that people's thinking depends on how they interpret events. A student who repeatedly thinks they are a failure is more likely to develop low self-esteem, chronic stress, and depression.¹²

In fact, some structural failures in South Korea trigger depressive attributional styles. CSAT, known as Suneung, evaluates all students' overall academic performance in a single day of high-stress testing, triggering collective and extreme anxiety. Additionally, the strong emphasis on effort and achievement demands that students forgo leisure time to

focus on their academic achievements. Stigma around failure and social comparison norms also contribute to students' obsession with academic success. These aspects of the Korean educational system can, therefore, unintentionally push students toward internal, global, and stable attributional styles, leading them to personalize failure too broadly. Constructive feedback is necessary for growth, and of course, education is necessary for students' future. However, what Korean students are gaining from the current education system is an overwhelming pressure to achieve. They are often demoralized by less-than-perfect results and fear that they will not be considered "useful" when they fail. This directly underscores the necessity for attributional style therapy programs within Korean schools.¹³

IV. PRP

As depression amongst teenagers becomes an issue, programs that can help teenagers to create better coping mechanisms and more positive attributional styles are required. These programs, however, cannot fundamentally address the massive debt burden faced by Korean teenagers in the current education system, but studies have shown that they help regulate teenagers' stress to some degree. There are two most prominent examples of this type of program. First is the Penn Resiliency Program, also called PRP. Second is CWD-A, an acronym for the Adolescent Coping with Depression Course. Both have benefits and drawbacks. Therefore, it is necessary to analyze both to determine which is a better fit for Korean students, who experience some of the most intense academic stress in the world.

The Penn Resiliency Program is a school-based, universal, group-focused Cognitive Behavioral Therapy (CBT). This program is delivered to whole classes or grades to prevent depression and teach cognitive coping, problem-solving, and social skills. PRP teaches cognitive restructuring, realistic goal setting, and coping strategies that reduce maladaptive explanatory styles and test anxiety. Students learn the ABC model to identify how their beliefs about events shape their emotions and behaviors, as well as cognitive restructuring techniques such as recognizing pessimistic thinking patterns, decatastrophizing worst-case scenarios, and generating more accurate, optimistic alternative explanations. They also acquire practical social problem-solving skills, including assertiveness, negotiation, decision-making, relaxation techniques, and strategies for building positive peer relationships to handle everyday challenges such as academic pressure or interpersonal conflicts.

This program has been shown to help teenagers handle academic pressure and the competitive hagwon culture. Because it is universal and delivered to whole classes, it reaches students before severe symptoms develop and can shift norms about stress responses.¹⁴ However, PRP does not aim to change the structural causes of depression since it only moderates how students cope with internalized academic pressure. Studies have shown that PRP participants experience a 43% reduction in stress levels post-intervention, demonstrating its effectiveness in helping young people

better regulate school-related stress through improved coping mechanisms.¹⁵

PRP has also shown results indicating it can reduce vulnerability and improve social problem-solving. Additionally, PRP modules on social skills and assertiveness can mitigate the mental-health impact of bullying and increase help-seeking. As a universal program, it can change peer norms if implemented well. However, bullying often requires targeted anti-bullying policies and enforcement in addition to resilience training. Consequently, PRP would likely provide great help to Korean students who have bullying issues that trigger depression. PRP's modules on social skills and assertiveness have produced results showing improved social problem-solving and reduced vulnerability to the mental health effects of bullying by increasing assertiveness and help-seeking behaviors among young people. Independent anti-bullying reviews in UK schools that delivered PRP also found more positive perceptions of bullying and better responses to it among participating year groups compared with older non-participating peers, indicating its potential to shift peer norms around bullying when implemented alongside targeted policies.¹⁶

Furthermore, PRP may help students with other issues, such as poor parent-child communication, socioeconomic disadvantage, sedentary behaviors, and physical health problems, though only to a limited extent. These minor issues should still be addressed because, though only a certain portion of students face these kinds of triggers that lead to mental health issues, these mental health triggers all have the potential to develop into a significant threat to overall well-being in the future.

PRP can reduce the emotional fallout from family conflict and encourage constructive communication. However, given that PRP rarely includes parent training, family problems may require separate family-focused intervention to address parental behavior problems that PRP cannot resolve. For socioeconomic disadvantage, it can only provide limited help. PRP's skills help individuals cope with stressors, but it cannot remove material hardship or reduce the school-level inequities that amplify risk. On the other hand, PRP has good potential to solve sleep problems. It emphasizes behavioral strategies and problem-solving skills that can be adapted to promote healthy routines and reduce maladaptive screen use, which is all too common among teenagers today. Physical and chronic health burden issues can be addressed, but indirectly, because PRP helps students manage the emotional toll of chronic illness, but of course, it is absolutely separate from medical treatments.¹⁷

V. CWD-A

While PRP represents a strong preventive tool for the broader student population, it is less equipped to support students who are already experiencing significant depressive symptoms. It is here that CWD-A (Coping with Depression—Adolescent Course), designed specifically for symptomatic adolescents, becomes the more appropriate intervention. CWD-A is a manualized group cognitive behavior therapy program originally developed as a treatment for adolescents with subclinical or clinical depressive symptoms. Unlike PRP, which provides treatment to a large group of students (made up of students both with and without any signs of depressive markers) at any one time, CWD-A is delivered to small groups of symptomatic teens. Therefore, mental health organizations typically use PRP for preventing depression, while they use CWD-A to treat depression among teens.

The standard CWD-A programs consist of 16 two-hour sessions held twice a week over 8 weeks. The groups are conducted in mixed-gender groups with a maximum of 10 students. Key skills taught include mood monitoring, social skills training, behavioral activation¹⁸, relaxation training, constructive thinking, problem-solving, and progress tracking. All of these taught behaviors are focused on reversing the all-too-often downward spiral of depression; therefore, they are more suited for students already suffering from depression.¹⁹

Given Korean teens' heavy workload, Korean teens are more susceptible to academic stress, making it crucial to verify that CWD-A is an effective tool for reducing academic stress to determine whether it is the most appropriate treatment methodology. However, due to academic pressure, CWD-A is less suited as the first line of defense. That is because CWD-A helps individuals manage depressive symptoms and teaches concrete cognitive behavioral therapy skills. It is therefore useful for students already overwhelmed by academic stress, but not scalable or targeted to preventing system-wide pressure effects. This directly shows the relation between PRP and CWD-A.

Research shows that CWD-A can lead to meaningful improvements in outcomes for teenagers who participate: in one randomized controlled trial, about 39% of adolescents receiving CWD-A recovered from major depression compared with 19% in a control group, meaning participants were more than twice as likely to recover after treatment. Participants also showed significant decreases in depression scores and improved social functioning.²⁰ However, the program is not without its limitations.

Some studies find that the advantages of CWD-A diminish over time, with differences between treatment and control groups becoming smaller at 6- and 12-month follow-ups, suggesting that continued support or follow-up interventions may be necessary to maintain gains. Overall, CWD-A is considered a promising and evidence-based intervention for adolescent depression, but like many psychological treatments, its long-term effectiveness can vary and may require reinforcement to sustain improvements. For the Korean case, given that approximately 27–30% of high school students report experiencing symptoms of depression within a given year, according to national youth surveys, effective treatment protocols are absolutely necessary. Rates of depression are typically higher among female students than male students (34–35% for girls and for boys around 22%) and tend to increase during high school, likely due to rising academic pressure and social stress, indicating that particular attention must be given to Korean high school girls.²¹

Also, for issues of bullying, CWD-A presents indirect benefits for victims. It helps victims manage trauma-related mood symptoms, but does not address peer-to-peer behavior or school atmosphere. CWD-A, however, can produce direct symptom relief for affected adolescents. It helps teens to cope with family-related depressive triggers, but again lacks a systemic family component. Furthermore, CWD-A can produce notable outcomes for other triggers for childhood depression, such as socioeconomic disadvantages, where it can provide support. It also offers a behavioral activation system that directly targets inactivity and sleep disruption, helping teens with sleep problems.²²

Consequently, both PRP and CWD-A have positive aspects and negative aspects. PRP is more beneficial for preventing depression for a large group of teenagers, while CWD-A is more beneficial for curing depression for a small group of affected teenagers. Neither has universally positive outcomes. However, they are complementary. Therefore, having PRP for students threatened by the potential of having depression and providing CWD-A for students who are already dealing with depression can be a multi-layered and systematic treatment option.

VI. POLICY SUGGESTIONS FOR KOREAN ADOLESCENTS

As mentioned earlier in this study, both PRP and CWD-A have pros and cons—no tactic is perfect for resolving adolescent depression. However, the issue regarding depression for Korean students has been growing in urgency and needs immediate solutions. Therefore, this study offers the following policy suggestions for combining these two methods and applying them to the Korean education system and society at large, all of which are based on strategies proven to work in other countries around the world.

➤ *Mandate Universal PRP Program*

To begin with, the Ministry of Education should mandate the integration of PRP-style resilience modules into public middle and high school curricula as a universal, preventive approach to addressing depression. As mentioned above, Korean students tend to be vulnerable to developing depressive attributional styles due to constant exam stress, peer pressure, and suneung culture. Since PRP teaches students to challenge their negative thoughts by reframing adversity as external, temporary, and specific through cognitive restructuring, it will help students recognize how their beliefs shape emotional outcomes. Implemented in real life in the UK, PRP proved that it reduces anxiety symptoms and depression while decreasing incidents of bullying. To be implemented in Korea, an ideal strategy would be to integrate 8 to 12 structured PRP lessons into existing “character education” courses, allowing students to systematically develop healthier explanatory styles before severe symptoms emerge.²³

➤ *Targeted CWD-A Group Interventions*

Furthermore, to handle students who are already experiencing depressive symptoms, schools should implement targeted CWD-A group coaching sessions. As mentioned above, approximately 27% to 30% of Korean high school students report depressive symptoms, with a higher prevalence among female students. Unlike PRP, which is used as a prevention method, CWD-A directly treats depression through structured, small-group cognitive behavioral therapy. The program focuses on mood monitoring, behavioral action, problem-solving, and other skills essential to ensuring students’ well-being. Empirical studies demonstrate that adolescents participating in CWD-A programs achieve remission rates of 39%, compared with 19% in control groups, and show improved social functioning. In the United States, CWD-A has been delivered in schools in Oregon and community clinics, with randomized trials showing significant drops in depression scores. In South Korea, schools could offer voluntary 8-week CWD-A sessions for students in crisis—as determined by an evaluation system—through group counseling, ensuring that those most affected by academic pressure, bullying, and family conflict receive the support they so desperately need.²⁴

➤ *A Change in Educational Environment*

Meaningful change depends on individual-level adaptation, especially among educators, who must be provided with the tools needed to model resilience. Therefore, annual training in learned optimism and attributional style techniques should be mandated for all teachers and school counselors. The current educational environment, where the crescendo of the educational outcome is a single high-stakes exam, often reinforces blame-oriented feedback and fixed interpretations of failure.

Training programs would help educators provide constructive, specific feedback and encourage adaptive thinking patterns in everyday classroom interactions. For example, Australia's Geelong Grammar School has a model in which the whole faculty has been trained to integrate positive psychology into their curricula.²⁵ In South Korea, a similar initiative could involve a two-day annual workshop, supported by universities, supplemented by online modules, and integrated into teacher certification renewal requirements.²⁶

➤ *Parental Influence Coaching*

Similarly, parental influence plays a critical role in shaping adolescents' emotional development, underscoring the importance of family-based interventions. Schools should therefore implement parent workshops focused on positive parenting strategies and effective communication. Programs such as Australia's Aussie Optimism have demonstrated the effectiveness of including parents in resilience-building efforts, leading to reduced anxiety and depression risk in youths.²⁷ For Korean families, schools could offer free workshops consisting of 4 to 6 in-person sessions in the evenings or on weekends, when parents are not busy with work. These sessions could be integrated into existing parent education initiatives and should reinforce consistency between school and home environments.²⁸

➤ *Local Government Support*

To supplement school-based efforts that may fail to reach all students due to limited time and resources, local governments should support the creation of optional after-school programs. These programs would combine elements of the PRP and the CWD-A in a more flexible, informal setting. Evidence from both the United Kingdom and the United States suggests that community-based resilience programs can produce sustained improvements in emotional regulation and social skills. In the UK, evaluations of youth drop-in centers and peer support networks, developed under initiatives such as YoungMinds and MindEd, found measurable improvements in emotional regulation and help-seeking behavior among adolescents, with effects sustained at a 12-month follow-up. In the United States, long-term studies of the Positive Youth Development (PYD) framework, widely implemented in community centers and after-school programs, found that participants showed stronger emotional regulation, lower anxiety rates, and better social functioning than non-participants.

Together, these models demonstrate that mental health support delivered outside the formal school setting in environments that feel voluntary and low-pressure can reach students who might otherwise fall through the cracks of institution-based programs. In South Korea, programs could be hosted in libraries and youth centers by trained facilitators, with online options for children who have limited availability to attend such courses in person. This high accessibility can ensure that students have access to mental health support and resilience-building opportunities.

Together, these five policies, based upon strategies that have worked in other countries, can work to begin addressing adolescent depression in South Korea. By combining universal prevention, target intervention, educator training, parental involvement, and community access, the government and school can create a supportive system that not only treats existing mental health problems but also prevents future mental health crises in countless students throughout the nation.

VII. CONCLUDING REMARKS

Suicide has remained the leading cause of death among South Korean young adults aged 10–24 for over a decade. This is a devastating reality that demands urgent action, reflecting the flaws in the Korean education system in which mental health is not prioritized and left unaddressed. This paper has examined a range of policy interventions, including PRP and CWD-A, drawing from programs that have demonstrated measurable success in other national contexts. These approaches show that a meaningful reduction in youth stress, anxiety, and suicide is possible when governments commit to early intervention, community-based support, and sustained investment in mental health infrastructure. Ultimately, incremental change is no longer sufficient. South Korean policymakers should implement comprehensive reforms that challenge mental health stigma, expand access to care, and prioritize prevention. This study is a call to action for all those in positions of political power in the country, in particular those involved in the administration and funding decisions of the educational system. What we need now is not further acknowledgment of the issue but a clear commitment to solve it so that this and future generations of South Korean students can live fulfilling lives and not suffer the consequences of an educational system that all too often treats their performance as its product and their well-being as an afterthought.

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